

## Internship Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth date (mo/day) \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day phone (\_\_\_\_\_) \_\_\_\_\_ Evening phone (\_\_\_\_\_) \_\_\_\_\_

Mobile phone (\_\_\_\_\_) \_\_\_\_\_ E-mail address \_\_\_\_\_

School \_\_\_\_\_

Advisor \_\_\_\_\_

Anticipated degree \_\_\_\_\_

Anticipated graduation date \_\_\_\_\_ Grade point average \_\_\_\_\_

Hours completed toward major \_\_\_\_\_ Total credit hours completed \_\_\_\_\_

Total internship hours needed \_\_\_\_\_ Hours per week \_\_\_\_\_ Start and completion dates \_\_\_\_\_

Supervision requirements \_\_\_\_\_

Related classes \_\_\_\_\_

Related experience \_\_\_\_\_

\_\_\_\_\_

### **Interests (Please check all that apply)**

**I am interested in the following activities:**

**ADMINISTRATION:** Support Association programs and services

Answering telephones  Word Processing  Data Entry  Spreadsheet (Excel)  Filing

Bookkeeping/Accounting  Other (Please specify) \_\_\_\_\_

**COMMUNICATION:** Write and produce news releases, brochures, newsletters and other materials. Help with social media such as Twitter, Facebook and LinkedIn.

Writing (Samples requested)  Graphic design (Samples requested)

**DEVELOPMENT:** Support Development and fundraising programs.

Special Events  Walk to End Alzheimer's  Phoning  Data entry  Grant writing

Other (Please specify) \_\_\_\_\_

**EDUCATION:** Develop educational materials for people with Alzheimer's, family members, health-care professionals and caregivers.

Family Programs  Professional Programs  Newsletter  Multicultural Outreach  Health Fairs

Speaking Engagements  Other (Please specify) \_\_\_\_\_

**FAMILY SERVICES:** Family assistance through Helpline, information and referral, care consultation, support groups, Safe Return and respite.

Telephone Helpline  Support Groups  Community Resources  Program Evaluation

Safe Return  Other (Please specify) \_\_\_\_\_

**PUBLIC POLICY:** Work on legislative and advocacy issues to further the Association's mission.

Advocacy  Legislative tracking  Phone follow-up with advocates

Summarizing legislative issues

**VOLUNTEERS:** Actively participate in leadership, service delivery and support activities of the Association.

Recruiting  Training  Supervising  Retaining  Evaluating  Recognizing

Record keeping  Other (Please specify) \_\_\_\_\_

## **Background**

**I was referred to the Alzheimer's Association by:**

Name \_\_\_\_\_ Title / company \_\_\_\_\_

Other \_\_\_\_\_

**Experience with Alzheimer's disease (AD)**

My \_\_\_\_\_ has/had Alzheimer's disease.

I am familiar with AD but do not know anyone personally.

I have worked professionally with Alzheimer's patients or families. In what capacity did you work with

AD patients or families? \_\_\_\_\_

**Health limitations** \_\_\_\_\_

**What three things would you like to learn from your internship?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What are your career goals?** \_\_\_\_\_

**What is most appealing to you about an internship at the Alzheimer's Association?** \_\_\_\_\_

**Level of skills and abilities: (1 Low / 5 High)** Write the number that applies next to each skill (1,2,3,4 or 5), with 1 being no experience and 5 being highly proficient.

Data entry \_\_\_\_ Microsoft Word \_\_\_\_

Graphic software (Please specify software) \_\_\_\_\_

Detail oriented \_\_\_\_ Answering phones \_\_\_\_ Making calls \_\_\_\_ Creativity \_\_\_\_ Self-directed \_\_\_\_

Follow through \_\_\_\_ Organized \_\_\_\_ Internet \_\_\_\_ Oral communication \_\_\_\_

Written communication \_\_\_\_

Other skills (Please specify) \_\_\_\_\_

**Times available:** (Please circle)

Note: *most* internship needs are during business hours M-F 9 a.m. to 5 p.m.

Days:            M      Tu      W      Th      F                      Hours available: \_\_\_\_\_

Evenings:       M      Tu      W      Th      F                      Hours available: \_\_\_\_\_

**Is there anything else you would like us to know about yourself?** \_\_\_\_\_

---

---

---

---

---

---

**Applicant signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## References

Please list three references (professional, personal – excluding relatives) with complete address and phone number below. References remain confidential.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_